

**COUNTY OF SUFFOLK**



**STEVEN BELLONE**  
**SUFFOLK COUNTY EXECUTIVE**

**DEPARTMENT OF SOCIAL SERVICES**  
**Special Investigations Unit**

**John F. O'Neill**  
**Commissioner**

**REQUEST FOR INVESTIGATION OF WELFARE FRAUD**

<b>Client Name</b>	
<b>Client Address</b>	
<b>Client City, State, Zip</b>	
<b>Client SS#</b>	
<b>Client Date of Birth</b>	
<b>Client Phone Number</b>	

**Briefly describe the alleged fraud below (attach additional pages if necessary):**

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*Note: Please include information that would assist Investigators: For example, description of client, places of suspected employment, source of benefits or compensation, assets, bank accounts, description of absent parent, activity and employment, description of car(s) and license number(s).*

**Name of person or persons completing this form (OPTIONAL):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mail or Fax this completed form to:**

**BOX 18100**  
**HAUPPAUGE, N.Y. 11788 – 8900**

**HOTLINE (631) 854-9807/854-9815**  
**FAX: (631) 854-9803**